Readiness: Polypharmacy Force Projection Clinic

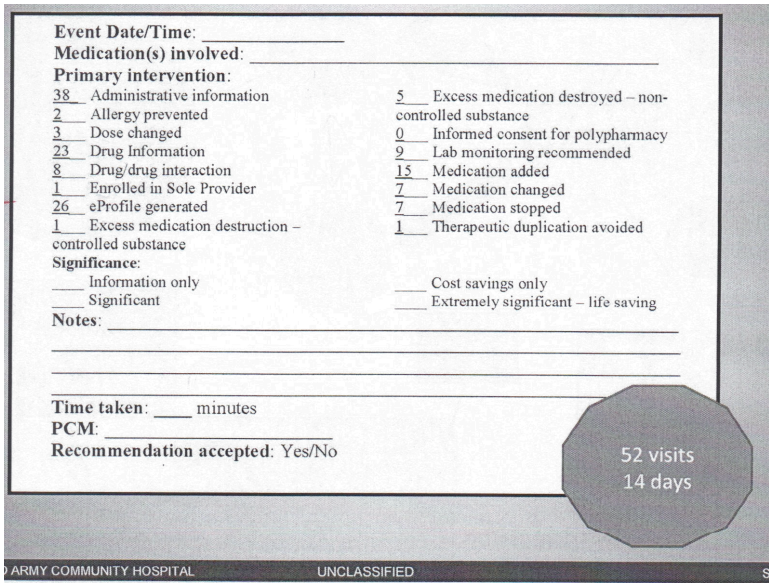
Abstract
The 30,000 Soldiers of the 101st Airborne Division (Air Assault) returned from their OEF X deployment in summer 2011, already slated for a 2012 deployment to Afghanistan. After two deployments in three years, many Soldiers consume multiple medications, subsequently affecting both readiness and sustainment. Division and MEDDAC leaders requested clinical pharmacy involvement to reconcile the numerous amounts of medication in a concerted effort to prevent post-deployment medical issues, including suicide. The objective is to review the entire Division during this ARFORGEN RESET cycle and enable a fully medically ready force with minimal chronic medications during the next deployment. The method is to purchase one GS12 clinical pharmacist and one GS5 pharmacy technician to run the clinic. Soldiers meeting the criteria (four or more medications with one psychotropic per OTSG 10-076) are identified through the DOD Pharmacoeconomic Center (PEC) PMART process, and the newly assigned Brigade Nurses serve as case managers, ensuring Soldiers present to the clinic. After only two weeks, results clearly indicate that reconciling medications is of value for force projection. In just 52 visits, the polypharmacist intervened in: two allergies; eight drug-drug interactions; six excess medication destructions; nine lab monitoring recommendations; 15 medications added; seven medications changed; seven medications discontinued; one therapeutic duplication avoided. In conclusion, the Polypharmacy Force Projection Clinic will play a significant and valuable role in preventing post-deployment medical issues, potentially prevent suicides, and enable deployability of a fully medically ready force in 2012.

Design/Methods
This initiative came from new Division and MEDDAC leadership in August 2011. The constant deployment cycles, lack of garrison and downrange medication reconciliation, and the rash of Fort Campbell suicides in 2009 brought the line and medical leaders together for an innovative approach during this ARFORGEN RESET cycle. OTSG Policy 10-076, Guidance for Enhancing Patient Safety and Reducing Risk via the Prevention and Management of Polypharmacy involving Psychotropic Medications and Central Nervous System Depressants, mandates that a clinical pharmacist screen Soldiers taking four or more medications with one psychotropic. Although this policy was released in 2010, neither providers nor pharmacy was able to actively pursue this concept without additional manpower and leader support. Both came in August 2011. After mission analysis, design, and endorsement by the Division Surgeon, the MEDDAC Commander authorized the hiring actions of a clinical pharmacist and pharmacy technician ($185K) for executing the polypharmacy mission. Underutilized space in the centrally located Consolidated Troop Medical Clinic was reallocated, and startup costs were less than $500. The clinic was established in AHLTA, and the new staff completed AHLTA and CHCS training, as well as several planning meetings with the Division Surgeon and the targeted Brigade Surgeon. One Infantry Brigade Combat Team (IBCT) personnel roster was sent to the PEC along with the OTSG 10-076 inclusion criteria. The

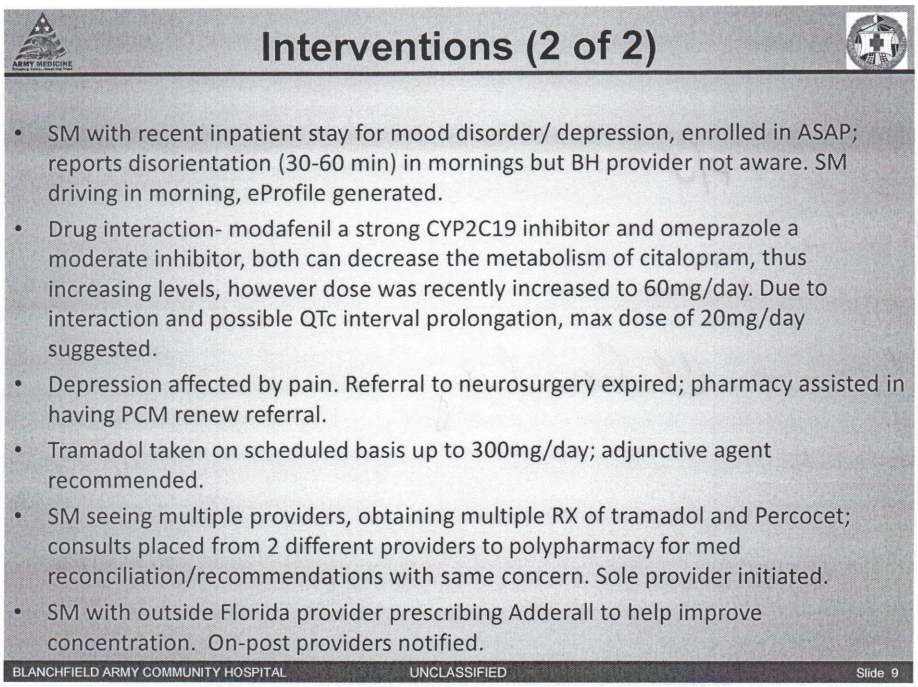
results demonstrated that 540 of 3999 Soldiers (13.5%) were eligible for polypharmacy screening. At projected 20-minute appointments, it will take 15 weeks to complete this IBCT. The clinic is projected to generate approximately $113K through RVUs, with a potential outlay of $72K greater than personnel expense. Performance will also be measured in interventions both to Soldiers and in concert with the team of multidisciplinary providers and subspecialties. Data will be collected throughout the nine months, in an aggressive effort to completely screen all four IBCTs prior to the 2012 deployment.

Results

After only 14 days, the polypharmacy staff positively impacted 52 Soldiers. Data were collected utilizing a manual check sheet. Totals for two weeks are demonstrated below.



Additional summary text comments from the AHLTA note were also collected; six meaningful interventions are summarized below.



Staff identified that a maximum of one patient can been seen each hour, or six Soldiers per day. These Soldiers present complex medication and medical histories that cannot be resolved in the projected 20-minute appointment. Staff requires 5-10 minutes of preparatory time, 30-40 minutes of face-to-face time, and 5-10 minutes administrative/provider interaction time. The polypharmacy clinic will need a minimum of one additional clinical pharmacist to achieve the objective of screening all four IBCTs before the 2012 deployment.

Space was a minimal obstacle to overcome. Once this became a leadership priority and a potential RVU income stream, space was allocated for the clinic. Early resistance for Soldier participation in the polypharmacy clinic was mitigated by aggressive involvement by the newly assigned IBCT nurse. Positive leadership engagement from the Division and Brigade Surgeons, along with the natural case management capabilities of the IBCT nurse, fostered a participative environment for Soldier screening.

Data analysis, summarization, and conclusions will be ongoing over the upcoming months of this initiative. Project began October 2011 and is projected to be complete by August 2012.

<u>Sustainability/Replication ability</u>

This project will require continued leadership emphasis and support to be completed on time. Clinic staff works closely with the IBCT nurse to schedule Soldier appointments. Providers from other IBCTs have heard about the clinic and already are utilizing AHLTA referrals into the clinic. Walk-ins also have presented, all demonstrative of how this polypharmacy clinic is quickly being integrated into normal healthcare operations.

This initiative clearly provides value to the 30,000 Soldiers assigned to Fort Campbell. For a minimal personnel expense (less than $200K), clinical pharmacy review will enhance force projection, aid in fielding a fully medically ready Division, potentially decrease post-deployment medical issues and suicides, and enhance line leader confidence that the MEDDAC is conserving the fighting strength. Although additional clinical pharmacists will be necessary to achieving this goal, MEDDAC leaders fully believe that this initiative is of value here and across the MHS.